EMI Independent Study Program Name Change Request

*Please type or write your information legibly

Your Current Information:
Full Name:
Address:
Address:
City, State & Zip Code:
Social Security Number/
Student Identification (SID) Number:
Phone Number:
Email address:
Previous Information: Last Name:
First Name:
Middle Initial:
Reason for change: Divorce/Marriage Legal Name Change Other
SignatureDate:
MAIL YOUR REQUEST TO: National Emergency Training Center EMI Independent Study Program 16825 South Seton Avenue Emmitsburg, MD 21727-8998 OR FAX TO: (301) 447-1201